



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
INDUSTRIAL, ENGINEERING TECHNOLOGY, AND HEALTH SCIENCES EDUCATION
**APPLICATION FOR RENEWAL OF THE V1 (TWO-YEAR) MISSOURI VOCATIONAL TEACHING
CERTIFICATE**

V1R

GENERAL INSTRUCTIONS

1. COMPLETE ALL INFORMATION BELOW.
2. NEW V1 (TWO-YEAR) CERTIFICATE WILL BE ISSUED BASED ON INFORMATION PROVIDED AND EVIDENCE OF PROGRESS MADE TOWARDS THE INITIAL V2 (FIVE-YEAR) CERTIFICATE. DEFICIENCIES ON THE CANDIDATE'S V1 CERTIFICATE WILL BE UPDATED BASED ON THE CURRENT TRANSCRIPT SUBMITTED (PHOTOCOPIES ACCEPTED).

SECTION A. (TO BE COMPLETED BY APPLICANT.)

VITAL INFORMATION

1. SOCIAL SECURITY NUMBER

2. CURRENT NAME (LAST, FIRST, MI)

3. ADDRESS (HOME)

4. CITY

5. STATE

6. ZIP CODE

SECTION B. EVIDENCE OF PROGRESS MADE TOWARDS INITIAL V2 (FIVE-YEAR) CERTIFICATE (LIST COLLEGE COURSES COMPLETED DURING THE PAST TWO-YEAR CERTIFICATE PERIOD AND ATTACH PHOTOCOPIES OF OFFICIAL TRANSCRIPTS).

LEGAL SIGNATURE OF APPLICANT

DATE

TELEPHONE NUMBER (HOME)

SECTION C. (TO BE COMPLETED BY EMPLOYING SCHOOL DISTRICT.) I JOINTLY REQUEST WITH THE ABOVE APPLICANT THAT THE VOCATIONAL CERTIFICATE REQUESTED BE ISSUED.

SIGNATURE OF DESIGNATED SCHOOL OFFICIAL

NAME OF SCHOOL DISTRICT

NAME OF DESIGNATED SCHOOL OFFICIAL

ADDRESS

POSITION HELD

CITY

STATE

ZIP CODE

MAIL TO
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DIRECTOR OF INDUSTRIAL, ENGINEERING TECHNOLOGY, AND
HEALTH SCIENCES EDUCATION
PO BOX 480
JEFFERSON CITY, MO 65102-0480

FOR OFFICIAL USE ONLY

CIP CODE

INITIAL V1 DATE

EXPIRATION OF CURRENT CERTIFICATE

APPROVED BY